# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Hu	man Resource Divisio	n

Carden  1. Office, Agency, or Court  Agency Name  CalPERS Division, Board, Department, District, if applicable  INVO  Portfolio Manager  I filing for multiple positions, list below or on an attachment.  Agency:  Position:  2. Jurisdiction of Office (Check at least one box)  State  Judge (Statewide Jurisdiction)  Other  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010.  or.  The period covered is January 1, 2010, through December 31, 2010.  Assuming Office: Date	Please type or print in link.	9			L. Toman Resource DIV
1. Office, Agency, or Court Agency Name CalPERS Division, Board, Department, District, if applicable INVO Portfolio Manager  If filing for multiple positions, list below or on an attachment.  Agency: Position:  2. Jurisdiction of Office (Check at feast one box) Status Multi-County City of Other  3. Type of Statement (Check at feast one box) Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is, through December 31, 2010.  Assuming Office: Date, through December 31, 2010.  Assuming Office: Date, through December 31, 2010.  Schedule Statement (Check at feast one box) Schedule A1 - Investments — schedule attached Schedule A2 - Investments — schedule attached Schedule A2 - Investments — schedule attached Schedule B - Real Property — schedule attached Schedule B - Real Property — schedule attached Schedule B - Real Property — schedule attached Schedule B - Income — Gifts — schedule attached Schedule B - Income — Gifts — schedule interests on any schedule Schedule C - Income — Gifts — Travel Payments — schedule — or- None - No reportable interests on any schedule I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the informatio herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I cartify under penalty of perjury under the laws of the State of California	NAME OF FILER	(LAST)	2000	(FIRST)	(MIDDLE)
Agency Name  CaIPERS  Division, Board, Department, District, if applicable  INVO  Portfolio Manager  If fling for multiple positions, list below or on an attachment.  Agency:  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of  Other  3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010.  Or-  The period covered is January 1, 2010, through December 31, 2010.  Or-  The period covered is January 1, 2010, through December 31, 2010.  Or-  The period covered is January 1, 2010, through December 31, 2010.  Or-  The period covered is January 1, 2010, through December 31, 2010.  Assuming Office: Date Left  Office sought, if different than Part 1:  Schedule Summary  Check applicable schedules or "None."  Total number of pages including this cover page:  Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached  Schedule B - Real Property – schedule attached  Schedule B - Real Property – schedule attached  Schedule B - Real Property – schedule attached  Schedule B - Income – Gifts – Schedule attached  Schedule B - Income – Gifts – Schedule attached  Schedule B - Income – Gifts – Schedule attached  Schedule B - Income – Gifts – Schedule attached  Schedule B - Income – Gifts – Travel Payments – schedule — or-  None - No reportable interests on any schedule  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the informatio herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California	Carden			Steven	
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Division, Board, Department, District, if applicable   Your Position	Agency Name				/L
INVO  Portfolio Manager  If filing for multiple positions, list below or on an attachment.  Agency:					
If filing for multiple positions, list below or on an attachment.   Agency:		District, if applicable		Your Position	
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Multi-County   County of   Other		The second second second second		Judge (Statewide Jurisdiction	on)
City of	Multi-County			_	•
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Schedule Summary   Check applicable schedules or "None."   ► Total number of pages including this cover page:	Assuming Office: Date				/, through the date
Check applicable schedules or "None."    Total number of pages including this cover page:	Candidate: Election Year	r Office so	ought, if differer	nt than Part 1:	
Check applicable schedules or "None."    Total number of pages including this cover page:	Schedule Summary				
Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached  Schedule B - Real Property – schedule attached  None - No reportable interests on any schedule  Verification  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California	<del>_</del>	or "None."	► Tota	l number of negoe including th	N
Schedule A-2 - Investments – schedule attached  Schedule B - Real Property – schedule attached  -or- None - No reportable interests on any schedule  Verification  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California					
Schedule B - Real Property – schedule attached  -or- None - No reportable interests on any schedule  Verification  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California					
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I certify under penalty of perjury under the laws of the State of California	. Verification				The state of the s
I certify under penalty of perjury under the laws of the State of California	MAILING ADDDESS				
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I certify under penalty of perjury under the laws of the State of California	I have used all reasonable dilig herein and in any attached sch	ence in preparing this statement. I nedules is true and complete. I ack	have reviewed nowledge this	this statement and to the best of its a public document.	my knowledge the information contained
Data Signad 3 - 14 - 11					
(month, day, year)	Date Signed 3 - 14 -	onth, day, year)	Sign		

#### **SCHEDULE A-1 Investments**

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY	NAME OF BURNINGS PARTY		
iShares High Yield Corporate Bond Fund	NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	iShares Investment Grade Corporat Bond Fund		
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
Passive ETF investment	Passive ETF investment		
FAIR MARKET VALUE	FAIR MARKET VALUE		
<b>3</b> \$2,000 - \$10,000	\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT Bond ETF	NATURE OF INVESTMENT Bond ETF ☐ Stock ☑ Other		
(Describe)	Other (Describe)		
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499		
Theorne Received of \$500 of Wore (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	//_10//_10		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
SPP LANGE CAP INDEX FUND			
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
INDEX FUND			
FAIR MARKET VALUE	FAID MADICET VALUE		
	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$\bigsim \$10,001 - \$100,000 \$\bigsim \$10,001 - \$1,000,000 \$\bigsim \$10,000 - \$1	\$2,000 - \$10,000		
	S100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT		
(Describe)	Stock Other (Describe)		
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499		
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
// 10/ _/ 10			
ACQUIRED DISPOSED	// 10/10		
NAME OF PROPERTY OF THE PROPER	NOGON CO DIGITOSED		
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
	SENERAL DESCRIPTION OF BUSINESS ACTIVITY		
FAID MADVET VALUE			
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,000 \$10,000	\$2,000 - \$10,000		
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
Stock Other(Describe)	☐ Stock ☐ Other		
Partnership O Income Received of \$0 - \$499	(Describe) Partnership (O Income Received of \$0 - \$499		
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
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ACQUIRED DISPOSED	ACQUIRED DISPOSED		
	*		
Comments:			

### SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED				
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME				
University of California - Davis					
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
One Shields Ave, Davis, CA 95616					
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Teaching					
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION				
Guest Lecturer	*				
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED				
\$500 - \$1,000 <b>X</b> \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000				
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000				
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED				
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income				
Loan repayment Partnership	☐ Loan repayment ☐ Partnership				
Sale of	Sale of				
(Property, car, boat, etc.)	(Property, car, boat, etc.)				
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more				
_					
Other(Describe)	Other(Describe)				
	(,				
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD				
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part				
of a retail installment or credit card transaction, made	in the lender's regular course of business on terms				
available to members of the public without regard to y	our official status. Personal loans and loans received				
not in a lender's regular course of business must be	disclosed as follows:				
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)				
ADDRESS (Business Address Acceptable)	% None				
	SECURITY FOR LOAN				
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence				
	Real Property				
HIGHEST BALANCE DURING REPORTING PERIOD	Street address				
\$500 - \$1,000					
\$1,001 - \$10,000	City				
\$10,001 - \$100,000	Guarantor				
OVER \$100,000					
3.24100,000	Other(Describe)				
	(Dodding)				
Comments					
Comments:					